

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**ALAMEDA COUNTY TREASURER**

1221 OAK STREET

OAKLAND CA

94612

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.03911791</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,017,119.61</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,017,119.61</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>8,880,898.26</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**ALPINE COUNTY TREASURER**

PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00010612</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,759.27</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,759.27</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>24,092.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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**AMADOR COUNTY TREASURER**

810 COURT STREET

JACKSON CA

95642

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00132859</b>

<b>Gross Claim</b>	<b>\$</b>	<b>34,545.17</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>34,545.17</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>301,629.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
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**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00893806</b>

<b>Gross Claim</b>	<b>\$</b>	<b>232,401.89</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>232,401.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,029,200.55</b>

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**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00136297</b>

<b>Gross Claim</b>	<b>\$</b>	<b>35,439.10</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>35,439.10</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>309,432.90</b>

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**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00106888</b>

<b>Gross Claim</b>	<b>\$</b>	<b>27,792.35</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>27,792.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>242,665.51</b>

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**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.02011996</b>

<b>Gross Claim</b>	<b>\$</b>	<b>523,146.71</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>523,146.71</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,567,813.75</b>

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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00127153</b>

<b>Gross Claim</b>	<b>\$</b>	<b>33,061.53</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>33,061.53</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>288,675.61</b>



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**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00494732</b>

<b>Gross Claim</b>	<b>\$</b>	<b>128,637.14</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>128,637.14</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,123,184.95</b>

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**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.02544471</b>

<b>Gross Claim</b>	<b>\$</b>	<b>661,597.55</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>661,597.55</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,776,684.73</b>

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**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00122313</b>

<b>Gross Claim</b>	<b>\$</b>	<b>31,803.07</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>31,803.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>277,685.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00862800</b>

<b>Gross Claim</b>	<b>\$</b>	<b>224,339.90</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>224,339.90</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,928,307.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00880356</b>

<b>Gross Claim</b>	<b>\$</b>	<b>228,904.70</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>228,904.70</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,998,662.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00165903</b>

<b>Gross Claim</b>	<b>\$</b>	<b>43,137.07</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>43,137.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>376,648.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.01721220</b>

<b>Gross Claim</b>	<b>\$</b>	<b>447,540.94</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>447,540.94</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,907,666.93</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00445852</b>

<b>Gross Claim</b>	<b>\$</b>	<b>115,927.67</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>115,927.67</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,012,214.00</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 4/27/2012

**LAKE COUNTY TREASURER**  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00199461</b>

<b>Gross Claim</b>	<b>\$</b>	<b>51,862.61</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>51,862.61</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>452,832.72</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1100342A  
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**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00134020</b>

<b>Gross Claim</b>	<b>\$</b>	<b>34,847.05</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>34,847.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>304,262.23</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.31055678</b>

<b>Gross Claim</b>	<b>\$</b>	<b>8,074,904.65</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>8,074,904.65</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>70,505,395.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00444444</b>

<b>Gross Claim</b>	<b>\$</b>	<b>115,561.57</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>115,561.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,009,016.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00978122</b>

<b>Gross Claim</b>	<b>\$</b>	<b>254,325.21</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>254,325.21</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,215,896.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00071281</b>

<b>Gross Claim</b>	<b>\$</b>	<b>18,534.04</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>18,534.04</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>161,828.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00285164</b>

<b>Gross Claim</b>	<b>\$</b>	<b>74,146.57</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>74,146.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>647,404.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00629714</b>

<b>Gross Claim</b>	<b>\$</b>	<b>163,734.33</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>163,734.33</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,429,633.20</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS CA

96101

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00079121</b>

<b>Gross Claim</b>	<b>\$</b>	<b>20,572.55</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>20,572.55</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>179,626.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00114140</b>

<b>Gross Claim</b>	<b>\$</b>	<b>29,677.97</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>29,677.97</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>259,129.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00812080</b>

<b>Gross Claim</b>	<b>\$</b>	<b>211,152.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>211,152.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,843,655.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00419177</b>

<b>Gross Claim</b>	<b>\$</b>	<b>108,991.80</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>108,991.80</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>951,652.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00269975</b>

<b>Gross Claim</b>	<b>\$</b>	<b>70,197.22</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>70,197.22</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>612,921.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.06443974</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,675,522.12</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,675,522.12</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>14,629,689.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00380643</b>

<b>Gross Claim</b>	<b>\$</b>	<b>98,972.43</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>98,972.43</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>864,168.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00113416</b>

<b>Gross Claim</b>	<b>\$</b>	<b>29,489.72</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>29,489.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>251,989.19</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.03289207</b>

<b>Gross Claim</b>	<b>\$</b>	<b>855,239.19</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>855,239.19</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,467,451.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.03445504</b>

<b>Gross Claim</b>	<b>\$</b>	<b>895,878.56</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>895,878.56</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,822,292.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**SAN BENITO COUNTY TREASURER**

COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER CA

95023

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00159151</b>

<b>Gross Claim</b>	<b>\$</b>	<b>41,381.46</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>41,381.46</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>361,318.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**SAN BERNARDINO COUNTY TREASURER**  
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.03996868</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,039,240.81</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,039,240.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>9,074,048.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO 95798 0304

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.07799922</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,028,087.30</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,028,087.30</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>17,708,082.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.05924516</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,540,455.87</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,540,455.87</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>13,450,367.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.01529154</b>

<b>Gross Claim</b>	<b>\$</b>	<b>397,601.13</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>397,601.13</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,471,622.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00459189</b>

<b>Gross Claim</b>	<b>\$</b>	<b>119,395.47</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>119,395.47</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,042,491.24</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.01397274</b>

<b>Gross Claim</b>	<b>\$</b>	<b>363,310.51</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>363,310.51</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,172,216.74</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**SANTA BARBARA COUNTY TREASURER**  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00838718</b>

<b>Gross Claim</b>	<b>\$</b>	<b>218,078.25</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>218,078.25</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,904,132.83</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.03392573</b>

<b>Gross Claim</b>	<b>\$</b>	<b>882,115.77</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>882,115.77</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,702,123.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00556855</b>

<b>Gross Claim</b>	<b>\$</b>	<b>144,789.98</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>144,789.98</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,264,221.23</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00771515</b>

<b>Gross Claim</b>	<b>\$</b>	<b>200,604.54</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>200,604.54</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,751,562.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00026775</b>

<b>Gross Claim</b>	<b>\$</b>	<b>6,961.87</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>6,961.87</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>60,788.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00208334</b>

<b>Gross Claim</b>	<b>\$</b>	<b>54,169.71</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>54,169.71</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>472,978.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.01114865</b>

<b>Gross Claim</b>	<b>\$</b>	<b>289,880.28</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>289,880.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,531,065.89</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.01734410</b>

<b>Gross Claim</b>	<b>\$</b>	<b>450,970.52</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>450,970.52</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,927,519.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.01168673</b>

<b>Gross Claim</b>	<b>\$</b>	<b>303,871.10</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>303,871.10</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,653,224.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA 95992

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00403599</b>

<b>Gross Claim</b>	<b>\$</b>	<b>104,941.31</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>104,941.31</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>916,288.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00274331</b>

<b>Gross Claim</b>	<b>\$</b>	<b>71,329.84</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>71,329.84</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>622,810.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

TRINITY COUNTY TREASURER  
PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00117460</b>

<b>Gross Claim</b>	<b>\$</b>	<b>30,541.22</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>30,541.22</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>266,668.23</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.01120899</b>

<b>Gross Claim</b>	<b>\$</b>	<b>291,449.20</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>291,449.20</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,544,765.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00211074</b>

<b>Gross Claim</b>	<b>\$</b>	<b>54,882.15</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>54,882.15</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>479,199.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.01334317</b>

<b>Gross Claim</b>	<b>\$</b>	<b>346,940.82</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>346,940.82</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,029,286.11</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00370280</b>

<b>Gross Claim</b>	<b>\$</b>	<b>96,277.91</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>96,277.91</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>840,644.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00354045</b>

<b>Gross Claim</b>	<b>\$</b>	<b>92,056.58</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>92,056.58</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>803,783.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00143778</b>

<b>Gross Claim</b>	<b>\$</b>	<b>37,384.26</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>37,384.26</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>326,417.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA 90802

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00644648</b>

<b>Gross Claim</b>	<b>\$</b>	<b>167,617.37</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>167,617.37</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,463,537.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100342A  
PAYMENT ISSUE DATE: 4/27/2012

**PASADENA CITY TREASURER**

PO BOX 7115

PASADENA CA

91109 7215

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2012 TO: 4/15/2012

<b>Total amount collected:</b>	<b>\$199,958,282.00</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$26,001,379.24</b>	<b>County/City Ratio:</b>	<b>0.00212607</b>

<b>Gross Claim</b>	<b>\$</b>	<b>55,280.75</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>55,280.75</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>482,678.26</b>